

# MEDICAL DISPUTE RESOLUTION AMENDED FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP ( ) IE ( ) IC

Response Timely Filed? (X) Yes ( ) No

Requestor

MDR Tracking No.:

M4-01-1534-01

Garza Chiropractic Clinic

TWCC No.:

7007 Gulf Frwy., Ste. 201

Injured Employee's Name:

Houston, TX 77087

Respondent's

Date of Injury:

Texas Mutual Insurance Co.

Employer's Name:

Rep. Box # 54

Insurance Carrier's No.:

## PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
8-21-00	10-25-00	97150	\$675.00	\$189.00 minus \$162.00 paid by IC = \$27.00
9-20-00		97250	\$43.00	\$43.00
10-4-00	10-24-00	97110 (6 units)	\$2100.00	\$0.00

## PART III: REQUESTOR'S POSITION SUMMARY

The provider is requesting additional reimbursement of \$1369.00 for dates of service 8-21-00 through 10-25-00.

## PART IV: RESPONDENT'S POSITION SUMMARY

The respondent is denying the additional reimbursement of \$1,369.00. According to the carrier's response to the medical dispute dated 4-9-01, the carrier states, "In fact, please consider this response to suffice as the Fund's response to the dispute and the Fund's formal request for a refund of the charges identified."

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This AMENDED FINDINGS AND DECISION supersedes M4-01-11087-01 rendered in this Medical Payment Dispute involving the above requestor and respondent.

The Medical Review Division's Decision of 4-18-01 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 5-23-01. The original decision and order erroneously stated that 97150 and 97250 were timed procedures.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September 1, 1993 and Commission Rule 133.305, titled Request for Medical Dispute Resolution, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-19-01.

A Conference was held on 4-16-01 at 8:30 am. Requestor was represented by Monica Cannon and Steve Bynum and Respondent was represented by Ron Nesbitt. Both appeared by telephonic conference. The parties could not agree. During the conference, Mr. Nesbitt did mention the Fund is requesting a "refund" for reimbursed charges.

To request any "refund" as noted by the carrier in their response, the carrier shall submit a medical dispute resolution request in accordance with Rule 133.305(a)(8).

Based on Commission Rule 133.305(a)(4) and (d)(1-2), the only dates of service is eligible for review are those commencing on 8-21-00 and extending through 10-25-00.

DOS	CPT Code	Billed	Paid	EOB Denial Code	MARS	REFERENCE	RATIONALE
8-21-00 8-23-00 8-25-00 8-28-00 8-30-00 9-1-00	97150 (4)	\$140.00	\$54.00/ date	F	\$27.00	MFG, Medicine GR (I)(A)(10)(a) CPT Code Descriptor	97150 is not a timed procedure, the requestor incorrectly billed for 4 units, when only 1 is allowed per session. Respondent incorrectly reimbursed 2 units of 97150; therefore, refund of 6 X \$27.00 = \$162.00.
9-5-00 9-6-00 9-8-00 9-11-00 9-15-00 9-18-00 9-20-00	97150 (2)	\$35.00	\$0.00	F	\$27.00	MFG, Medicine GR (I)(A)(10)(a) CPT Code Descriptor	97150 is not a timed procedure, the requestor incorrectly billed for 2 units, when only 1 is allowed per session. Requestor did not exceed the number of procedures allowed per session per MFG, therefore, 7 dates X \$27.00 = \$189.00.
10-4-00 10-5-00 10-6-00 10-10-00 10-12-00 10-13-00 10-18-00 10-19-00 10-20-00 10-23-00 10-24-00 10-25-00	97150 (2)	\$35.00	\$27.00/date	F	\$27.00	MFG, Medicine GR (I)(A)(10)(a) CPT Code Descriptor	97150 is not a timed procedure, the requestor incorrectly billed for 2 units, when only 1 is allowed per session. Respondent reimbursed the provider for one session per date in accordance with MFG; therefore, additional reimbursement is recommended.
9-20-00	97250	\$43.00	\$0.00	No EOB	\$43.00	MFG, Medicine GR (I)(A)(10)(a) CPT Code	97250 is not a timed procedure;

						Descriptor	therefore, denying reimbursement based upon timed procedure or exceeding number of procedures allowed per session was incorrect. Reimbursement of \$43.00 is recommended.
10-4-00 10-5-00 10-6-00 10-10-00 10-12-00 10-13-00 10-18-00 10-19-00 10-20-00 10-24-00	97110(6 )	\$210.00	\$0.00	F	\$35.00/15 min.	MFG, Medicine GR(I)(A)(9)(b), (I)(A)(11)(a), (I)(C)(9)	Dates of service 10-23-00 and 10-25-00 were listed on TWCC60, but were paid. Therefore, no longer in dispute. See Below

**Rationale for 97110:**

Recent review of disputes involving one-on-one CPT code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy. The Requestor has failed to submit documentation to support reimbursement in accordance with the 1996 MFG; therefore, no reimbursement is recommended.

The difference between amount due of \$232.00 and refund recommended of \$162.00 = \$70.00.

**PART VI: COMMISSION DECISION AND ORDER**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$70.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Decision by:

Elizabeth Pickle  
Authorized Signature

Elizabeth Pickle  
Typed Name

August 3, 2005  
Date of Order

**PART VII: YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the Amended Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Amended Decision was mailed to the health care provider and placed in the Austin Representatives box on 8-10-05. This Amended Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Amended Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**

**PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Amended Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_

*Mark L. Wilson*

Date: \_\_\_\_\_

*AUG 11 2005*